## THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST	(:,)====================================		
NAME(Last)	(First)	(Middle)	TELEPHONE
Perrin	Lois	К.	522-5900
MAILING ADDRESS (Street)			FAX
•			
P.O. Box 3410	)		522-5909
(City)	(State)	(Zip	Code)
Honolulu	Hawai'i		96801
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business entity wi	nich has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)	The state of the s		FAX
(City)	(State)	(Zip	Code)

LANCE OF OBOANUTATIONING ILLOPON	(EOD (D	TELEBLIONE	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
American Civil I	522-5900		
//AILING ADDRESS (Street)		FAX	
P.O. Box 3410		522-5909	
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
:			
Vanessa Y. Chong		522-5900	
MAILING ADDRESS (Street)		FAX	
,			
P.O. Box 3410		522-5909	
(City)	(State)	(Zip Code)	
(3.9)	(-13.5)		
Honolulu	Hawai'i	96801	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY** Agriculture Education Science, Technology & **Human Services** Economic Development Communications & Government Operations & Intergovernmental Relations. Tourism & Recreation **Public Utilities** International Affairs Finance Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Civil Liberties/ Ecology, Energy Housing **Public Safety & Corrections** Civil Rights Environmental Protection

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

January 10, 2005 (Signature of Lobbyist) (Date) **PART V AUTHORIZATION TO LOBBY** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME Vanessa Y. Chong Executive Director NAME OF ORGANIZATION (if applicable) TELEPHONE American Civil Liberties Union of Hawai'i 522-5900 MAILING ADDRESS (Street) FAX P.O. Box 3410 522-5909 (City) (State) (Zip Code) Honolulu Hawai'i 96801 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. January 10, 2005 (Signature of Authorizing Officer or Person Represented) (Date)

**PART IV** 

**CERTIFICATION OF LOBBYIST**